

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Hiolani Assisted Living Center at Kahala Nui	CHAPTER 90
Address: 4389 Malia Street, Honolulu, Hawaii, 96821	Inspection Date: February 13 & 14, 2019 Biennial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DEPARTMENT OF
STATE LICENSING

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (d) The facility shall have written policies and procedures which incorporate the assisted living principles of individuality, independence, dignity, privacy, choice, and home-like environment.</p> <p><u>FINDINGS</u> Review of resident #3's medication record revealed that Atenolol was not made available from 12/17/17-1/17/18. On the back side of the MAR, staff noted that it was not given due to no supply. No documentation on file whether the medication was reordered.</p> <p>Facility policy and procedure item number 8, ordering drug refills, states that license nurse to contact pharmacy to order refills when medication is nearing depletion (generally two to three weeks or as needed).</p>	<p>PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p style="text-align: right;">19 MAR -17 17:50</p>

STATE OF ILLINOIS
DEPARTMENT OF
STATE LABORING

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<input checked="" type="checkbox"/>	<p>§11-90-6 <u>General policies, practices, and administration.</u> (d) The facility shall have written policies and procedures which incorporate the assisted living principles of individuality, independence, dignity, privacy, choice, and home-like environment.</p> <p><u>FINDINGS</u> Review of resident #3's medication record revealed that Atenolol was not made available from 12/17/17-1/17/18. On the back side of the MAR, staff noted that it was not given due to no supply. No documentation on file whether the medication was reordered.</p> <p>Facility policy and procedure item number 8, ordering drug refills, states that license nurse to contact pharmacy to order refills when medication is nearing depletion (generally two to three weeks or as needed).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>Staff nurses are now assigned to double are assigned to double check medications to ensure that there is sufficient supply on hand and to place all reorders 2-3 weeks prior to supply depletion. Additionally, in March 2019, an automated pharmacy system will be deployed (EZMAR). This system alerts both the staff and the pharmacy that medications need to be reordered.</p>	<p style="text-align: center;">2/15/19</p> <p style="text-align: center;">19 MAR - 17 50</p> <p style="text-align: center;">STATE OF MARYLAND DEPARTMENT OF HEALTH STATE LICENSING</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #2 with physician order of weekly weights since 9/16/16; however, the current service plan dated 5/8/18 indicates to weigh resident every month.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>The physician was contacted and a new order was written for monthly weights to be taken for this resident versus weekly.</p>	<p style="text-align: center;">2/17/19</p> <p style="text-align: right;"> <small>STATE OF MISSISSIPPI STATE BOARD OF NURSING STATE LICENSING</small> 19 MAR - 17 17:50 RECEIVED </p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(3)(B)(ii) Services.</p> <p>The assisted living facility shall have policies and procedures relating to medications to include but not be limited to:</p> <p>Administration of medication:</p> <p>The facility shall provide and implement policies and procedures which assure that all medications administered by the facility are reviewed at least once every 90 days by a registered nurse or physician, and is in compliance with applicable state laws and administrative rules.</p> <p><u>FINDINGS</u> Resident #3 list of allergies include Lisinopril; however, resident current medication list order includes Lisinopril 40 mg to be taken daily (ordered since 6/1/17).</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>The resident's physician was contacted and a review was done of the resident's medications and allergies. The physician indicated that the resident is not allergic to this medication and it was removed from the list of allergies.</p>	<p style="text-align: center;">2/17/19</p> <p style="text-align: center;">19 MAR - 17 50</p> <p style="text-align: center;">STATE OF HAWAII DHHS STATE LICENSING</p> <p style="text-align: right; transform: rotate(90deg);">RECEIVED</p>

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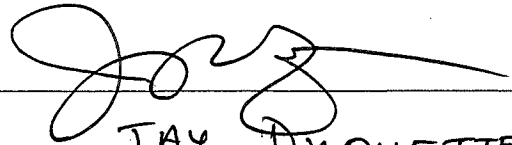
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Resident #1 with history of positive PPD. TB attestation form was generated; however, the form was not signed by physician. Annual TB clearance not valid.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>The TB attestation form and the Xray report was reviewed with the resident's primary care physician and subsequently signed.</p>	<p style="text-align: center;">2/25/19</p> <p style="text-align: center;">19 MAR - 2 1 A7:50</p>

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Licensee's/Administrator's Signature: _____



Print Name: _____

JAY DUQUETTE

Date: _____

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